

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 9-2002)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA													
						UNIT CASE NUMBER													
SECTION I. GENERAL INFORMATION																			
1. Name of Vessel or Facility M/V LADY D			2. Official No. MD8246BC		3. Nationality US		4. Call Sign												
6. Type (Towing, Freight, Fish, Drill, etc.) PASSENGER			7. Length 36'		8. Gross Tons 2		9. Year Built 1996												
11. Hull Material (Steel, Wood...) ALUMINUM			12. Draft (Ft. - in.) FWD AFT.		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		14. Date (of occurrence) 06MAR04												
16. Location (See Instruction No. 10A) INNER HARBOR, BALTIMORE, MD			17. Estimated Loss of Damage TO:		15. TIME (Local) Apx1557														
18. Name, Address & Telephone No. of Operating Co. SEAPORT TAXI, LLC 802 S. CAROLINE ST BALTIMORE, MD 21231			VESSEL _____		CARGO _____														
19. Name of Master or Person in Charge FRANCIS O. DEPPNER			USCG License <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO State License <input type="checkbox"/> YES <input type="checkbox"/> NO														
19a. Street Address (City, State, Zip Code) [REDACTED]			19b. Telephone Number [REDACTED]		20a. Street Address (City, State, Zip Code) [REDACTED]														
20b. Telephone Number [REDACTED]																			
21. Casualty Elements (Check as many as needed and explain in Block 44.)																			
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> NO. OF PERSONS ON BOARD <u>25</u> <input checked="" type="checkbox"/> DEATH - HOW MANY? <u>2</u> <input checked="" type="checkbox"/> MISSING - HOW MANY? <u>3</u> <input checked="" type="checkbox"/> INJURED - HOW MANY? <u>UNK</u> <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED <i>(Identify Substance and amount in Block 44.)</i> <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION <i>(Identify other vessel or object in Block 44.)</i> <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE </td> <td style="vertical-align: top;"> <input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input checked="" type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE </td> <td style="vertical-align: top;"> <input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT <i>(Describe in Block 44.)</i> <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____ _____ _____ </td> </tr> </table>								NO. OF PERSONS ON BOARD <u>25</u> <input checked="" type="checkbox"/> DEATH - HOW MANY? <u>2</u> <input checked="" type="checkbox"/> MISSING - HOW MANY? <u>3</u> <input checked="" type="checkbox"/> INJURED - HOW MANY? <u>UNK</u> <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED <i>(Identify Substance and amount in Block 44.)</i> <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION <i>(Identify other vessel or object in Block 44.)</i> <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input checked="" type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE <i>(Describe in Block 44.)</i> <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT <i>(Describe in Block 44.)</i> <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____ _____ _____									
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23. Navigation Information																			
<input type="checkbox"/> MOORED, DOCKED OR FIXED SPEED AND COURSE _____ <input type="checkbox"/> ANCHORED <input checked="" type="checkbox"/> UNDERWAY OR DRIFTING 24. Last Port Where Bound FT MCHENRY - FELS PT 24a. Time and Date of Departure _____																			
25. Towing Information																			
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SECTION II. BARGE INFORMATION																			
26. Name		26a. Official Number		26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:												
26f. Year Built	26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE	26h. Draft FWD AFT		26i. Operating Company															
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____				26k. Describe Damage to Barge															

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 9-2002)		<h2 style="margin: 0;">REPORT OF MARINE ACCIDENT, INJURY OR DEATH</h2>				RCS No. G-MOA UNIT CASE NUMBER	
SECTION I. GENERAL INFORMATION							
1. Name of Vessel or Facility M/V LADY D			2. Official No. MD8246BC		3. Nationality		4. Call Sign
6. Type (Towing, Freight, Fish, Drill, etc.)			7. Length		8. Gross Tons		9. Year Built
11. Hull Material (Steel, Wood...)			12. Draft (Ft. - in.) FWD AFT.		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		14. Date (of occurrence)
16. Location (See Instruction No. 10A)			17. Estimated Loss of Damage TO:		15. TIME (Local)		
18. Name, Address & Telephone No. of Operating Co.			VESSEL _____		CARGO _____		
			OTHER _____				
19. Name of Master or Person in Charge			USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot		USCG License State License <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO
19a. Street Address (City, State, Zip Code)			19b. Telephone Number		20a. Street Address (City, State, Zip Code)		20b. Telephone Number
21. Casualty Elements (Check as many as needed and explain in Block 44.)							
NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE			<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE			<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAIVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exorption/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____	
22. Conditions							
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	
						E. DISTANCE (miles of visibility) _____	
						F. AIR TEMPERATURE (F) _____	
						G. WIND SPEED & DIRECTION _____	
						H. CURRENT SPEED & DIRECTION _____	
23. Navigation Information				SPEED AND COURSE _____		24. Last Port Where Bound	
<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING						24a. Time and Date of Departure	
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	
		Empty Loaded Total				Length Width	
						25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW	
SECTION II. BARGE INFORMATION							
26. Name		26a. Official Number		26b. Type		26c. Length	
						26d. Gross Tons	
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft FWD AFT		26i. Operating Company	
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____				26k. Describe Damage to Barge			

PREVIOUS EDITION IS OBSOLETE

IO EXHIBIT 1

SECTION III. PERSONNEL ACCIDENT INFORMATION				
27. Person Involved <input type="checkbox"/> MALE or <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input checked="" type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) PIERCE, LISA 27b. Address (City, State, Zip Code)		27c. Status <input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <input type="checkbox"/>
32. Employer - (if different from Block 18, fill in Name, Address, Telephone No.)				
33. Person's Time				
A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		YEAR(S) _____ MONTH(S) _____ _____ _____ _____	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) 35. Was the Injured Person Incapacitated 72 Hours or More? 36. Date of Death	
37. Activity of Person at Time of Accident				
38. Specific Location of Accident on Vessel/Facility				
39. Type of Accident (Fall, Caught between, etc.)		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)		
41. Part of Body Injured		42. Equipment Involved in Accident		
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury.				
SECTION IV. DESCRIPTION OF CASUALTY				
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).				
45. Witness (Name, Address, Telephone No.)				
46. Witness (Name, Address, Telephone No.)				
SECTION V. PERSON MAKING THIS REPORT				47c. Title
47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47d. Telephone No.
47a. Signature				47e. Date
FOR COAST GUARD USE ONLY			REPORTING OFFICE:	
APPARENT CAUSE:				
CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE

10 EXHIBIT 1

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 9-2002)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH			RCS No. G-MOA UNIT CASE NUMBER	
SECTION I. GENERAL INFORMATION						
1. Name of Vessel or Facility M/V LADY D		2. Official No. MD8246BC	3. Nationality	4. Call Sign	5. USCG Certificate of Inspection issued at:	
6. Type (Towing, Freight, Fish, Drill, etc.)		7. Length	8. Gross Tons	9. Year Built	10. Propulsion (Steam, diesel, gas, turbine...)	
11. Hull Material (Steel, Wood...)	12. Draft (Ft. - in.) FWD AFT.	13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		14. Date (of occurrence)	15. TIME (Local)	
16. Location (See Instruction No. 10A)				17. Estimated Loss of Damage TO: VESSEL _____ CARGO _____ OTHER _____		
18. Name, Address & Telephone No. of Operating Co.						
19. Name of Master or Person in Charge		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO	20. Name of Pilot		USCG License State License <input type="checkbox"/> YES <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO	
19a. Street Address (City, State, Zip Code)		19b. Telephone Number	20a. Street Address (City, State, Zip Code)		20b. Telephone Number	
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NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE			<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE		<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exporation/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____	
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23. Navigation Information <input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING			SPEED AND COURSE _____	24. Last Port Where Bound _____		24a. Time and Date of Departure _____
25.	25a.	25b.	25c.	25d. (Describe in Block 44.)		
FOR TOWING ONLY	NUMBER OF VESSELS TOWED	Empty Loaded Total	TOTAL H.P. OF TOWING UNITS	MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	Length	Width
					<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW	
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26. Name		26a. Official Number		26b. Type	26c. Length	26d. Gross Tons
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE	26h. Draft FWD AFT	26i. Operating Company		
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____			26k. Describe Damage to Barge			

PREVIOUS EDITION IS OBSOLETE

IO EXHIBIT 1

SECTION III. PERSONNEL ACCIDENT INFORMATION				
27. Person Involved <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input checked="" type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) BENSTREM, DANIEL 27b. Address (City, State, Zip Code)		27c. Status <input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <input type="checkbox"/>
32. Employer - (if different from Block 18., fill in Name, Address, Telephone No.)				
33. Person's Time				
A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		YEAR(S) _____ MONTH(S) _____ _____ _____ _____	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) 35. Was the Injured Person Incapacitated 72 Hours or More? 36. Date of Death	
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46. Witness (Name, Address, Telephone No.)				
SECTION V. PERSON MAKING THIS REPORT				47c. Title
47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47d. Telephone No.
47a. Signature				47e. Date
FOR COAST GUARD USE ONLY			REPORTING OFFICE:	
APPARENT CAUSE:				
CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 9-2002)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA UNIT CASE NUMBER					
SECTION I. GENERAL INFORMATION											
1. Name of Vessel or Facility M/V LADY D			2. Official No. MD8246BC		3. Nationality		4. Call Sign				
6. Type (Towing, Freight, Fish, Drill, etc.)			7. Length		8. Gross Tons		9. Year Built				
11. Hull Material (Steel, Wood...)			12. Draft (Ft. - in.) FWD AFT.		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)		10. Propulsion (Steam, diesel, gas, turbine...)				
16. Location (See Instruction No. 10A)			14. Date (of occurrence)		15. TIME (Local)						
18. Name, Address & Telephone No. of Operating Co.			17. Estimated Loss of Damage TO: VESSEL _____ CARGO _____ OTHER _____								
19. Name of Master or Person in Charge			USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		20. Name of Pilot						
19a. Street Address (City, State, Zip Code)			19b. Telephone Number		20a. Street Address (City, State, Zip Code)						
					20b. Telephone Number						
21. Casualty Elements (Check as many as needed and explain in Block 44.)											
NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED _____ (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED _____ <input type="checkbox"/> COLLISION _____ (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE				<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE				<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____ _____ _____			
22. Conditions											
A. Sea or River Conditions (wave height, river stage, etc.)		B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____		C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT		D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR					
						E. DISTANCE (miles of visibility) _____					
						F. AIR TEMPERATURE (F) _____					
						G. WIND SPEED & DIRECTION _____					
						H. CURRENT SPEED & DIRECTION _____					
23. Navigation Information											
<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING				SPEED AND COURSE _____		24. Last Port Where Bound _____					
						24a. Time and Date of Departure _____					
25. FOR TOWING ONLY		25a. NUMBER OF VESSELS TOWED		25b. TOTAL H.P. OF TOWING UNITS		25c. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)					
		Empty Loaded Total				Length Width					
						25d. (Describe in Block 44.) <input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW					
SECTION II. BARGE INFORMATION											
26. Name		26a. Official Number		26b. Type		26c. Length					
						26d. Gross Tons					
26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE		26h. Draft FWD AFT		26i. Operating Company					
26j. Damage Amount BARGE _____ CARGO _____ OTHER _____				26k. Describe Damage to Barge _____ _____							

PREVIOUS EDITION IS OBSOLETE

IO EXHIBIT 1

SECTION III. PERSONNEL ACCIDENT INFORMATION				
27. Person Involved <input checked="" type="checkbox"/> MALE or <input type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input checked="" type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) ROCELLA, ANDREW 27b. Address (City, State, Zip Code)		27c. Status <input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other
28. Birth Date	29. Telephone No.	30. Job Position		31. (Check here if off duty) <input type="checkbox"/>
32. Employer - (if different from Block 18, fill in Name, Address, Telephone No.)				
33. Person's Time				
A. IN THIS INDUSTRY - B. WITH THIS COMPANY - C. IN PRESENT JOB OR POSITION - D. ON PRESENT VESSEL/FACILITY - E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		YEAR(S) _____ MONTH(S) _____ _____ _____ _____	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.) 35. Was the Injured Person Incapacitated 72 Hours or More? 36. Date of Death	
37. Activity of Person at Time of Accident				
38. Specific Location of Accident on Vessel/Facility				
39. Type of Accident (Fall, Caught between, etc.)		40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)		
41. Part of Body Injured		42. Equipment Involved in Accident		
43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the injury.				
SECTION IV. DESCRIPTION OF CASUALTY				
44. Describe how accident occurred, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. (See instructions and attach additional sheets if necessary).				
45. Witness (Name, Address, Telephone No.)				
46. Witness (Name, Address, Telephone No.)				
SECTION V. PERSON MAKING THIS REPORT				47c. Title
47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47d. Telephone No.
47a. Signature				47e. Date
FOR COAST GUARD USE ONLY			REPORTING OFFICE:	
APPARENT CAUSE:				
CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-2692 (Rev. 9-2002)		REPORT OF MARINE ACCIDENT, INJURY OR DEATH				RCS No. G-MOA UNIT CASE NUMBER									
SECTION I. GENERAL INFORMATION															
1. Name of Vessel or Facility M/V LADY D			2. Official No. MD8246BC		3. Nationality		4. Call Sign								
6. Type (Towing, Freight, Fish, Drill, etc.)		7. Length		8. Gross Tons		9. Year Built									
10. Propulsion (Steam, diesel, gas, turbine...)		11. Hull Material (Steel, Wood...)		12. Draft (Ft. - in.) FWD AFT.		13. If Vessel Classed, By Whom: (ABS, LLOYDS, DNV, BV, etc.)									
14. Date (of occurrence)		15. TIME (Local)		16. Location (See Instruction No. 10A)		17. Estimated Loss of Damage TO:									
18. Name, Address & Telephone No. of Operating Co.		19. Name of Master or Person in Charge		20. Name of Pilot		17. Estimated Loss of Damage TO:									
		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		USCG License <input type="checkbox"/> YES <input type="checkbox"/> NO		State License <input type="checkbox"/> YES <input type="checkbox"/> NO									
19a. Street Address (City, State, Zip Code)		19b. Telephone Number		20a. Street Address (City, State, Zip Code)		20b. Telephone Number									
21. Casualty Elements (Check as many as needed and explain in Block 44.)															
<table style="width:100%; border: none;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____ </td> </tr> </table>								<input type="checkbox"/> NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____ 					
<input type="checkbox"/> NO. OF PERSONS ON BOARD _____ <input type="checkbox"/> DEATH - HOW MANY? _____ <input type="checkbox"/> MISSING - HOW MANY? _____ <input type="checkbox"/> INJURED - HOW MANY? _____ <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED OR INVOLVED (Identify Substance and amount in Block 44.) <input type="checkbox"/> OIL SPILL - ESTIMATE AMOUNT: _____ <input type="checkbox"/> CARGO CONTAINER LOST/DAMAGED <input type="checkbox"/> COLLISION (Identify other vessel or object in Block 44.) <input type="checkbox"/> GROUNDING <input type="checkbox"/> WAKE DAMAGE	<input type="checkbox"/> FLOODING; SWAMPING WITHOUT SINKING <input type="checkbox"/> CAPSIZING (with or without sinking) <input type="checkbox"/> FOUNDERING OR SINKING <input type="checkbox"/> HEAVY WEATHER DAMAGE <input type="checkbox"/> FIRE <input type="checkbox"/> EXPLOSION <input type="checkbox"/> COMMERCIAL DIVING CASUALTY <input type="checkbox"/> ICE DAMAGE <input type="checkbox"/> DAMAGE TO AIDS TO NAVIGATION <input type="checkbox"/> STEERING FAILURE <input type="checkbox"/> MACHINERY OR EQUIPMENT FAILURE <input type="checkbox"/> ELECTRICAL FAILURE <input type="checkbox"/> STRUCTURAL FAILURE	<input type="checkbox"/> FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> LIFESAVING EQUIPMENT FAILED OR INADEQUATE (Describe in Block 44.) <input type="checkbox"/> BLOW OUT (Petroleum exploration/production) <input type="checkbox"/> ALCOHOL INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> DRUG INVOLVEMENT (Describe in Block 44.) <input type="checkbox"/> OTHER (Specify) _____ 													
22. Conditions															
<table style="width:100%; border: none;"> <tr> <td style="width:20%;">A. Sea or River Conditions (wave height, river stage, etc.)</td> <td style="width:15%;">B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____</td> <td style="width:15%;">C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT</td> <td style="width:15%;">D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR</td> <td style="width:20%;">E. DISTANCE (miles of visibility) _____</td> <td style="width:20%;">F. AIR TEMPERATURE (F) _____</td> <td style="width:20%;">G. WIND SPEED & DIRECTION _____</td> <td style="width:20%;">H. CURRENT SPEED & DIRECTION _____</td> </tr> </table>								A. Sea or River Conditions (wave height, river stage, etc.)	B. WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> FOG <input type="checkbox"/> OTHER (Specify) _____	C. TIME <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> TWILIGHT <input type="checkbox"/> NIGHT	D. VISIBILITY <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR	E. DISTANCE (miles of visibility) _____	F. AIR TEMPERATURE (F) _____	G. WIND SPEED & DIRECTION _____	H. CURRENT SPEED & DIRECTION _____
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23. Navigation Information															
<input type="checkbox"/> MOORED, DOCKED OR FIXED <input type="checkbox"/> ANCHORED <input type="checkbox"/> UNDERWAY OR DRIFTING				SPEED AND COURSE _____		24. Last Port Where Bound _____									
24a. Time and Date of Departure _____															
25.															
25a. FOR TOWING ONLY		25b. NUMBER OF VESSELS TOWED		25c. TOTAL H.P. OF TOWING UNITS		25d. MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)									
		Empty Loaded Total				Length Width									
						<input type="checkbox"/> PUSHING AHEAD <input type="checkbox"/> TOWING ASTERN <input type="checkbox"/> TOWING ALONGSIDE <input type="checkbox"/> MORE THAN ONE TOW-BOAT ON TOW									
SECTION II. BARGE INFORMATION															
26. Name		26a. Official Number		26b. Type		26c. Length									
26d. Gross Tons		26e. USCG Certificate of Inspection Issued at:		26f. Year Built		26g. <input type="checkbox"/> SINGLE SKIN <input type="checkbox"/> DOUBLE									
26h. Draft FWD AFT		26i. Operating Company													
26j. Damage Amount				26k. Describe Damage to Barge											
BARGE _____															
CARGO _____															
OTHER _____															

PREVIOUS EDITION IS OBSOLETE

10 EXHIBIT 1

SECTION III. PERSONNEL ACCIDENT INFORMATION				
27. Person Involved <input type="checkbox"/> MALE or <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> DEAD <input type="checkbox"/> INJURED <input checked="" type="checkbox"/> MISSING		27a. Name (Last, First, Middle Name) SCHILLINGS, CORRINE J.		27c. Status <input type="checkbox"/> Crew <input checked="" type="checkbox"/> Passenger <input type="checkbox"/> Other
28. Birth Date		29. Telephone No.		30. Job Position
32. Employer - (if different from Block 18, fill in Name, Address, Telephone No.)				31. (Check here if off duty) <input type="checkbox"/>
33. Person's Time				
A. IN THIS INDUSTRY -		YEAR(S) _____	MONTH(S) _____	34. Industry of Employer (Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)
B. WITH THIS COMPANY -		_____	_____	35. Was the Injured Person Incapacitated 72 Hours or More?
C. IN PRESENT JOB OR POSITION -		_____	_____	36. Date of Death
D. ON PRESENT VESSEL/FACILITY -		_____	_____	
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -		_____	_____	
37. Activity of Person at Time of Accident				
38. Specific Location of Accident on Vessel/Facility				
39. Type of Accident (Fall, Caught between, etc.)			40. Resulting Injury (Cut, Bruise, Fracture, Burn, etc.)	
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43. Specific Object, Part of the Equipment in block 42., or Substance (Chemical, Solvent, etc.) that directly produced the Injury.				
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45. Witness (Name, Address, Telephone No.)				
46. Witness (Name, Address, Telephone No.)				
SECTION V. PERSON MAKING THIS REPORT				47c. Title
47. Name (PRINT) (Last, First, Middle)		47b. Address (City, State, Zip Code)		47d. Telephone No.
47a. Signature				47e. Date
FOR COAST GUARD USE ONLY			REPORTING OFFICE:	
APPARENT CAUSE:				
CASUALTY CODE A B C	INVESTIGATOR (Name)	DATE	APPROVED BY (Name)	DATE

10 EXHIBIT 1